

It is the intent of the tank(s) owner, to Permanently Close the tank(s) listed below in the manner indicated.
All tanks will be empty and clean, free of all liquids and sludges as required in 40 CFR, Part 280.71 [b].

NOTIFICATION OF TANK CLOSURE

RECEIVED
N.C. Dept. NRCD

OCT 17 1990

OWNERSHIP OF TANK(S)		LOCATION OF TANK(S)	
Name: <u>S. A. Hennis, Jr.</u>	Site Name: <u>Petroleum Transport Corp.</u>	Winston-Salem Regional Office	
Address: <u>P.O. Box 711</u>	Address: <u>U.S. 601 West.</u>		
<u>Mt. Airy, NC. 27030</u>	<u>Mt. Airy, N.C.</u>		
Phone Number: <u>919-789-6666</u>	County: <u>Surry</u>		

TANKS FOR CLOSURE			
TANK NUMBER	TANK CAPACITY	LAST CONTENTS	CLOSURE METHOD
Tank 1	<u>1000</u>	<u>gasoline</u>	To Be Filled <u>To Be Filled</u>
Tank 2	<u>550</u>	<u>n</u>	To Be Filled <u>To Be Filled</u>
Tank 3			<u>To Be Filled</u>
Tank 4			<u>To Be Filled</u>
Tank 5			<u>To Be Filled</u>

TANK(S) CLOSURE OPERATIONS TO BE PERFORMED BY:			
(Contractor) Name: <u>Certifoam Services, Inc.</u>			
Address: <u>P.O. Box 5524</u>		State: <u>W-S, N.C.</u>	Zip: <u>27113</u>
Contact: <u>Harvey Danner</u>		Phone: <u>919-659-8777</u>	
<input checked="" type="checkbox"/>	Is this operator knowledgeable of the requirements for the removal/filling of underground storage tanks?		
<input checked="" type="checkbox"/>	Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f]?		
<input checked="" type="checkbox"/>	Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e]?		

TANK(S) CLOSURE ASSESSMENT TO BE PERFORMED BY:			
(Contractor) Name: <u>Same</u>			
Address: _____		State: _____	Zip: _____
Contact: <input checked="" type="checkbox"/>		Phone: _____	
<input checked="" type="checkbox"/>	Is this operator knowledgeable of requirements for the closure assessment in 40 CFR, Part 280.72?		
<input checked="" type="checkbox"/>	Is this operator and employees medically monitored as required by OSHA 29 CFR, Part 1910.120 [f]?		
<input checked="" type="checkbox"/>	Is this operator and employees specifically trained as required by OSHA 29 CFR, Part 1910.120 [e]?		

NOTIFICATION SUBMITTAL / NOTIFICATION DATE	
Name: <u>Harvey Danner</u>	Scheduled Removal Date: <u>12/90</u>
Signature: <u>Harvey Danner</u>	Date Submitted: <u>10/17/90</u>

Tank owners are required to notify the implementing state agency at least 30 days before a Permanent Tank Closure as required in 40 CFR, Part 280.71 [a]. For further information contact the U. S. Environmental Protection Agency RCRA / Superfund Hotline at 800-424-9346